GRADUATE MEDICAL EDUCATION*

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I PLAN to discuss matters similar to those dealt with by Dr. Thomas D. Kinney but from a more immediate point of view, since I am faced with some of these problems now.

Major changes may be in the offing for traditional graduate-training programs known as the house-staff years. These programs have developed over the past half century, and similarities between present programs in the major teaching hospitals and those of 50 years ago are greater than the dissimilarities. The emphasis still is on care of the inpatient—the more sophisticated the better—with a modicum of minimally supervised ambulatory care exposure, which is generally regarded as drudgery.

Rosemary Stevens has beautifully documented the history of house-staff training. She points out that in the 1930s an effort was made—notably by Willard Rappleye—to place this period under the direction of the medical schools. It is still obvious that this period should represent an educational experience. The increasing dependence of hospitals, however, upon house staffs to provide a service function on a basis of 24 hours a day, seven days a week (total coverage), has emphasized the service function. This is particularly true in city hospitals and on the institutionalized services in voluntary hospitals. Originally, with very low salaries for house staff, this seemed economically practicable, but when the house staff organized and began to bargain it soon became apparent that the service function was a major one, and salaries rose precipitously. This increasing cost has reluctantly been assumed by third-party payers but reverberations of discontent are beginning to be heard, and the comment has been made that "house staff may have priced themselves out of existence."

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The service function requiring total coverage imparts a true rigidity to graduate-training programs where flexibility should be the first goal. In general, it seems fair to say that the need for total coverage seriously interferes with the educational aspects of these programs.

Thus the service function may well be de-emphasized and the educational one receive more support. If this be so, financing this period of education will be in greater jeopardy than it is now. The medical schools have no funds, the hospitals can support only service functions, and the individual student, on becoming an intern, cannot continue his unsalaried status even if one year is eliminated from the medical school curriculum.

Elsewhere in this symposium Dr. Hamilton Southworth discusses one relation of the specialty boards to these programs. There is no doubt that requirements of the boards have a definite impact on the composition of the individual programs. An example is the recent action of some boards eliminating the internship and allowing immediate entrance to specialty training in the first postgraduate year. Many graduates seem to want some exposure to medicine prior to entering a specialized track, and there has been and will continue to be difficulty in accommodating them because of the limited number of teaching beds.

A particular element of change has appeared in the development of subspecialty units: coronary care, respiratory ICU, recovery room, neonatal ICU, cancer units, dialysis units, etc. Staffing these by rotating members of the house staff through them is not suitable because of the sophisticated level of care but, again, the old threat of 24-hour, seven-days-a-week coverage makes such coverage by the house staff necessary since, by default, no one else is available. In another area—the emergency room or front door—the use of paid physicians who, as a group assume total coverage, is a measure which is attaining increasing acceptance in community hospitals. It has not yet been welcomed in teaching hospitals, but there is some evidence that having a core of full-time physicians in these areas to supervise the house staff leads to improvement in education.

Tentative suggestions have been made that full-time, paid physicians might supplant the house staffs in hospitals of the New York City Health and Hospitals Corporation. In the past such trials have been disastrous because the quality of the staff has not been the best, and recruitment for this type of work is difficult. If it does develop that

good staffing is possible, one can anticipate that, because of the spiraling of house-staff salaries and the unwillingness of third-party payers to pay twice for a service, attending and resident, our present types of training programs may be placed in serious jeopardy.

Another force which is presently threatening existing programs is the development of physicians' associates and their place vis-à-vis the house staff, both in training and in the utilization of patients for that training. Moreover, the pressure from governmental agencies for training for family practice in contrast to specialized training is supported by federal funding and the pressures of state legislatures for the former program. The whole field of family practice is now in great flux. The composition of such training programs is being debated widely. The new Board of Family Practice is in some conflict with the Board of Internal Medicine in that the latter has lowered its requirements for its qualifying certificate, and the two boards in many ways could be considered to be merging. The old idea that an internist should be only a consultant may be ending, and an internist who provides continuing general care may be quite similar to the family physician whom every public figure yearns for in public.

All these forces will undoubtedly lead to major changes in the pattern of house-staff training. What will develop is difficult to predict. As a guess I suspect that, for purely economic reasons, less reliance on house staff for service functions will be forced upon us. This will require more supervision, more total coverage by attendings and, very possibly, less total responsibility for patients by house staff. This will undoubtedly cause anguish in the young, who feel strongly that they must "carry the book," that is, write orders and operate independently. We have long lived with the concept of graded, increasing responsibility as a dogma of house-staff education. The pendulum may have swung too far and will probably swing back. The unpleasant truth in this is that the trend will be forced upon us by economic forces rather than by strictly educational ones.